Compliance Inspection Report Radiation Management Unit Hazardous Materials and Waste Management Division

Name:	License Number:
Doing Business as:	License Category:
Address:	Telephone Number:
	Telefax Number:
	1-800-
Radiation Safety Officer:	RSO Phone No.
Management Contact:	MGMT Phone No.
Address/Location of Inspection:	Location Phone No.
	EIN:
	Complete Inspection: Yes: No:
Inspectors: L = lead, A = accompanying	Date of Inspection:
1.	Date of Closeout:
2.	Announced: Unannounced:
3.	Form 59 Used: Yes: No:
NOV Issued (NOV, Order, Follow-up Notice) and Date Mailed	<u> </u>
NOV Issued (NOV, Older, Follow up Nolloc) and Sale mails	
No. of Citations: No. of Repeat Citations:	No. of Prior Citations:
E-mail address	
Business contact (fees, etc.)	Business Telephone:
Business Address:	
Non Response Letter:	
Non-Koopenia Lana.	
This Report Consists of Page 1 through Page, with attachr	
Inspector's Signature(s) Date	Reviewer's Signature(s) Date
1	1
2	2
3	3
4	4

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Citations:	Repeat Item
Items of Concern / Recommendations:	
Persons Interviewed: Name, position, type of interview ("O" Opening interview; "I" Interview; "C" Closeout)	
1.	
2.	
3.	
4.	
5.	
6.	

Inspection Item	ADQ	NOT ADQ	PAST NC	N/A	NOT Rev.	Comments
Radiation Safety Officer						
Named on License						
Time, Resources, and Authority						
Radioactive Material Users						
Named/Authorized						
Training						
Radiation Workers						
Other Workers						
Records						
Frequency						
Course Content						
U.S. DOT Requirements						
Personnel Dosimetry						
NVLAP Supplier						Account Number:
Type of Dosimetry Devices Used						Film Badges: TLD: Extremity: Fetal: Radiation Detected:
Exchange Frequency						Monthly: Quarterly:
Control Badge						
Exposure History Documented						
Dosimetry Records						Reviewed Records Dating From: To:
reviewed / investigated						
2) maintained and complete						
3) average / typical doses						
4) over exposures						
5) dose to embryo/fetus						
Worker Doses < 10% of Limit						
Annual Report to Workers						
Inventory						See page 8 for a detailed listing of radioactive materials and/or sources.
Appropriate Source / Device						
Possession Limit / On Hand						
Periodic Inventory						

		NOT	PAST		NOT	
Inspection Item	ADQ	ADQ	NC	N/A	Rev.	Comments
Leak Tests						
Test Kits						
Procedures						
Frequency						
Records Maintained						
Handling and Accountability						
Ordering						
Receipt						
Storage						
Use Logs / Records						
Security						
1) Work Area						
2) Storage Area						
3) Field Site						
Transfer						
1) Authorized Recipient						
2) License Verification						
Disposal						
1) Decay						
2) Authorized Recipient						
3) Sanitary Sewer						
Management Audit						
ALARA Review						
Incidents						
Radiation Safety						
Restricted Area						
1) Radiation / Contamination Levels						
2) Labeling						
3) Caution Signs						
4) Telephone Numbers						
5) Security						
6) Observe Workers/Procedures						

Inspection Item	ADQ	NOT ADQ	PAST NC	N/A	NOT Rev.	Comments
Radiation Safety Continued						
Unrestricted Area						
1) Radiation / Contamination Levels						
2) Public Dose Evaluations						
Posting and Notices to Workers						
Location of Notices						
License						
Regulations						
Operating / Emergency Procedures						
Notice of Noncompliance						
Notice to Employees						
D.O.T. Requirements						
Shipping Papers						
Emergency Procedures						
Package Labeling						
Appropriate Packaging						
Vehicle						
Other Items						

Compliance Inspection Report Inspector's Comments / Notes

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Compliance Inspection Report Facility Diagram

Address / Location of this Facility:				
		0.111		B. de
Instrument Used for Survey:		Calibration Date:		Background:
Wipe Survey for Removable Contamination: No:	Yes:	Number of Wipes:	Surveyor's Initials:	Date:

Compliance Inspection Report INVENTORY

	Device	/ Source Information Model	tion					Number of Sources Not at the Facility During Inspection:
NO.	Manuafcturer	Model	Serial Number	Isotope	Activity	Reciept Date	Transfer Date	Comments
				-	-			
		l	1		1			